REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

	PTO/SB/83 (01-06)
Application Number	09/445,375
Filing Date	March 21, 2000
First Named Inventor	KINGSMAN, Susan Mary
Art Unit	1635
Examiner Name	J. E. Angell
Attorney Docket Number	021911-000300US

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450								
Please withdraw me as attorney or agent for the above identified patent application, and								
all the attorneys/agents of record.								
all the attorneys/agents (with registration numbers) listed on the attached paper(s), or								
	all the attorne	eys/agents associated with Customer Number 20350						
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.								
The reasons for this request are: At the request of the client, Oxford BioMedica (UK) Ltd.								
CORRESPONDENCE ADDRESS								
The correspondence address is NOT affected by this withdrawal.								
2. Change the correspondence address and direct all future correspondence to:								
The address associated with Customer Number:								
OR								
Firm Indivi	o <i>r</i> dual Name	Marshall, Gerstein & Borun LLP	erstein & Borun LLP					
Address	Address 233 South Wacker Drive 6300 Sears Tower							
City		Chicago	State _{IL}		Zip 60606-6357			
Country		US						
Telephone	ie (312) 474-6300		Email					
Signature Karen Babyak Dow								
Name	Karen B. Do	ow general gen		Reg	Registration No. 29,684			
Date	January <u>29</u>	£ , 2008		Telephone No. 858-350-6100				
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.								